



TODD STAPLES, COMMISSIONER

**Texas Department of Agriculture**  
**Grain Warehouse**  
**Schedule B – Verification of Insurance**

**RGW-302**

<b>SECTION A</b>	<b><sup>1</sup> WAREHOUSE OPERATOR (Insured) INFORMATION</b>			
	Full legal business name			
	TDA License No. (if applicable)		Social Security No. (for sole proprietors only)	
	Comptroller Taxpayer ID No. (in state)		Federal Taxpayer ID No. (out of state)	

  

<b>SECTION B</b>	<b><sup>1</sup> FACILITY INFORMATION</b>				
	Unique Facility Name				
	<b><sup>2</sup> FACILITY CONTACT INFORMATION</b>				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		First Name	M. I.	Last Name
	Title				
	Primary Phone (     )     -     Ext.		Secondary Phone (optional) (     )     -     Ext.		
	Fax (optional) (     )     -		E-mail (optional)		
	Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b><sup>3</sup> FACILITY MAILING ADDRESS</b>				
	Address				
City		State	Zip	County	
<b><sup>4</sup> FACILITY PHYSICAL ADDRESS</b>					
<input type="checkbox"/> Same as Mailing Address					
Address					
City		State	Zip	County	
Directions to Physical Location if address above is difficult to find.					

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name \_\_\_\_\_

<b>SECTION C</b>	<b><sup>1</sup> COVERED FACILITIES</b>		
	List each covered warehouse, identified by city or physical address and, if applicable, license number.		
	Warehouse Name	City	TDA License No.
	Physical Address		
	Warehouse Name	City	TDA License No.
	Physical Address		
<b>SECTION C</b>			
	Warehouse Name	City	TDA License No.
	Physical Address		
	Warehouse Name	City	TDA License No.
	Physical Address		

<b>SECTION D</b>	<b><sup>1</sup> VERIFICATION OF INSURANCE</b>	
	<p>This verification of insurance is submitted to comply with those provisions of Chapter 14 of the Texas Agriculture Code relating to casualty insurance requirements for public grain warehouse operators. All substantive or procedural casualty insurance requirements established by Chapter 14 of the Texas Agriculture Code or by any rule adopted by the Texas Department of Agriculture (department) under the authority of that chapter, including all amendments thereto, are incorporated herein by this reference without exception.</p>	
	<p>By signing this document, the insurer's licensed Texas agent certifies:</p>	
	<p>(1) That he or she is authorized to sign on behalf of the insurer;</p>	
	<p>(2) That the insurer is authorized to do business in the State of Texas;</p>	
	<p>(3) That the insurer has issued the casualty insurance policy described below (policy) in the name of the public grain warehouse operator identified below insuring, from the policy's effective date through its expiration date, inclusive, all grain that is or may be in the warehouseman's public grain warehouse(s) listed below for the grain's full market value against loss by or due to water or other fluid resulting from an insured peril, excluding flood and other rising waters resulting from a natural causes, malicious mischief, vandalism, smoke, fire, internal explosion, lightning, hail, windstorm, hurricane, or tornado; and</p>	
<p>(4) That the policy complies with and is made subject to all casualty insurance requirements established by Chapter 14 of the Texas Agriculture Code or by the department's rules, as amended.</p>		
<p><b>ATTENTION:</b> The insured warehouse operator may not cancel the policy without the prior written approval of the department. The insurer may not cancel the policy except by sending notice of intent to cancel by registered or certified mail to the department and such cancellation shall not be effective before the 31st day following the day on which the insurer mails the notice of intent to cancel.</p>		

Legal Business Name \_\_\_\_\_

SECTION D (CON'T)	<b><sup>2</sup> INSURANCE INFORMATION</b>			
	Name of Insurance Company			Insurance Master License No.
	Name of Local Agency			
	Address			
	City	State	Zip	
	Business Phone (     )     -		Fax (     )     -	
	<b><sup>3</sup> POLICY INFORMATION</b>			
	Policy No.	Effective Date     /     / month   day   year	Expiration Date     /     / month   day   year	
	<b><sup>4</sup> AGENT SIGNATURE</b>			
	Licensed Texas Agent Signature		Licensed Texas Agent Printed Name	

SECTION E	<b><sup>1</sup> CERTIFICATION THAT INSURANCE NOT REQUIRED</b>	
	<p><b>Please read closely before signing.</b> Verification of insurance is not required if the warehouse operator completes Sections A, B, and C above <u>and</u> certifies below that all grain within the warehouse(s) is owned by the warehouse operator free of any lien. The person signing below represents that he or she is authorized to do so by the warehouse operator.</p> <p>Do <u>not</u> complete this section <u>if</u> insurance coverage has been verified above.</p> <p><b>Receiving, storing, handling, or shipping grain not owned by the warehouse operator free of lien during a period when required insurance is not in effect will result in suspension of the warehouse operator's license(s) and may result in assessment of administrative penalties against the warehouse operator.</b></p>	
	I certify that at the time this document is executed all grain within the warehouse(s) listed above was owned by the warehouse operator identified above, free of any lien.	
	Printed Name of Warehouse Operator's Authorized Representative	Date     /     / month   day   year
	Signature of Warehouse Operator's Authorized Representative	